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SERIAL NUMBER 10/804,471	FILING OR 371(c) DATE 03/19/2004 RULE	CLASS 600	GROUP ART UNIT 3766	ATTORNEY DOCKET NO. GUID.608PA
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APPLICANTS

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**** CONTINUING DATA *******

This appln claims benefit of 60/462,272 04/11/2003

CHZ 8/4/06

**** FOREIGN APPLICATIONS *******

NONE CHZ 8/4/06

IF REQUIRED, FOREIGN FILING LICENSE GRANTED**** 05/31/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 9	TOTAL CLAIMS 45	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>Carl H. Laro</i> CHZ Examiner's Signature Initials				

ADDRESS

51294

TITLE

Multi-parameter arrhythmia discrimination

FILING FEE RECEIVED 1436	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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